

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

087937762

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8	1					
9		1				
10	91					
11	10					
12	10					
13	10					
14	10					
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TOTAL IND.	1					
TOTAL DEP.	23	↓	↓	↓		
TOTAL CLAIMS	24					

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TOTAL CLAIMS						